

PARKS KNOWLTON LLC

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FACSIMILE TRANSMITTAL SHEET

TO:	Mail Stop AMEDMETN	FROM:	Cynthia R. Parks, Esq.
COMPANY:	USPTO	DATE:	November 22, 2005
FAX NUMBER:	571 273 8300	TOTAL NO. OF PAGES INCLUDING COVER:	13
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	C02-0053-000
RE:		YOUR REFERENCE NUMBER:	

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Application No.: 10/624,401
Filed: July 22, 2003
Inventors: Jasminka Dizdarevic *et al*
Title: REGISTRATION OF COMMUNICATION DEVICES

Attached hereto are the following:

1. Amendment Transmittal (2 pages)
2. Form PTO-2038 authorizing payment in the amount of \$330
3. Supplemental Reply, Amendment and Response to Office Action (9 pages) with Certificate of Transmission under 37 CFR 1.8

1117 PERIMETER CENTER WEST, SUITE W307
ATLANTA, GEORGIA 30338
(678) 325-6601


NOV 22 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn re Application of: **Jasminka Dizdarevic et al.**Application No.: **10/624,401**Filed: **July 22, 2003**For: **REGISTRATION OF COMMUNICATIONS
DEVICES**Art Unit: **2687**Examiner: **Phan Q. Huy**Confirmation No.: **6809**AMENDMENT TRANSMITTAL LETTER

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Supplemental Reply | <input checked="" type="checkbox"/> Petition to Extend Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input type="checkbox"/> Other _____ |

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	11		20	0	X \$50.00		\$0.00
Independent Claims	3		4		X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input checked="" type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$450.00
<input checked="" type="checkbox"/> Reduction of \$120 for 1 month EOT previously submitted:							- \$120.00
TOTAL FEE DUE							\$330.00

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$330.00 for the fees designated above. (Form PTO-2038 enclosed). WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 50-3447 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.

11/23/2005 SFELEKE1 00000082 10624401

01 FC:1252

330.00 0P

- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 50-3447 as required to correct the error.

Respectfully submitted



Cynthia R. Parks
Registration No. 52,096
Attorney for Applicant

Dated: November 22, 2005
PARKS KNOWLTON LLC
1117 Perimeter Center West
Suite W307
Atlanta, Georgia 30338
(678) 325-6601
(678) 325-6605 facsimile
Attorney Docket No.: C02-0053-000